

**REGISTRATION DEADLINE: MARCH 25, 2006**

**RECEIPT # \_\_\_\_\_**

**2006  
TROY RECREATION DEPARTMENT'S  
GIRL'S SOFTBALL LEAGUE  
(GRADES 2-8)**

Player's Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Name of School \_\_\_\_\_ Grade in now \_\_\_\_\_  
Birthdate \_\_\_\_\_ Age \_\_\_\_\_  
Years of Player Experience \_\_\_\_\_  
Preferred Positions to play \_\_\_\_\_  
Name of Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_  
E-mail address \_\_\_\_\_  
Allergic to any medication? \_\_\_\_\_  
Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_  
Would your father or mother like to: \_\_\_\_\_ Coach \_\_\_\_\_ Assist  
Their Name \_\_\_\_\_

**NOTE:** The Recreation Department is attempting to work with other local Miami County recreational softball programs in an effort to improve the program and to create a game schedule that will result in a greater variety of competition. This will likely be done again at the 6-8 grade level and possibly at the 4 and 5 grade level also. (e.g. Tipp City, Covington, West Milton, etc.)

**NOTE:** All volunteer youth coaches are required to complete a screening application to coach in the City of Troy Recreation Department's programs. A coach's clinic will be scheduled at a date to be determined.

Registration fee includes: A shirt issued by the Recreation Department.

**SHIRT SIZE: (circle one)**      **YM (10/12)**    **YL (14/16)**    **AS (34/36)**  
   **AM (38/40)**    **AL (42/44)**    **AXL (46/48)**

**Recommendation for Awards:** \_\_\_\_\_

**WAIVER AND RELEASE**

We, the undersigned, being the parents of \_\_\_\_\_ being fully aware of the danger inherent to the sport of softball, do give permission for our daughter to participate in the Girl's Softball Program. We do expressly waive any and all claims and rights of whatever nature, which may arise against the City of Troy, Troy Recreation Department, Troy Recreation Director, Girl's Softball Commission, the Supervisory Staff, coaches and assistants, as a result of injuries incurred by our daughter while participating in the program.

Date: \_\_\_\_\_ Signature \_\_\_\_\_  
(parent or legal guardian)

**REGISTRATION FEE:**      \_\_\_\_\_ **\$25.00 Grades 2-5**  
   \_\_\_\_\_ **\$47.00 Grades 6-8**  
   \_\_\_\_\_ **\$10.00 Additional fee assessed to register after March 25**  
   **deadline if openings still exist.**

**REFUND POLICY:** The department will make program refunds only for the following:

1. If the program is cancelled by the department.
2. If the registered participant moves out of town before the program starts.
3. If the registered participant becomes ill before the program starts and furnishes a Doctor's statement.